

SUBMISSION TO THE EARLY YEARS STRATEGY

The Hive, Mt Druitt (United Way Australia)

For further information or questions about this submission

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Executive Summary

The Hive, Mt Druitt (United Way Australia) welcomes the opportunity to present a submission for the development of a Commonwealth Early Years Strategy based upon our learnings and experiences in the suburbs of Mt Druitt, NSW.

The Hive was established in 2015 and is guided by the belief that all children deserve to start school well despite the postcode they are born in. We recognise that investment in our youngest citizens will benefit whole communities and assist in breaking cycles of disadvantage and stigma within areas of entrenched vulnerabilities. The Hive believes that for outcomes for children to be improved, an ecological approach must be embraced to recognise that children belong to families, who live in communities who are affected by policies and systems and as such a holistic approach must be considered when designing a federal Early Years strategy, rather than just looking at individual child approaches.

We know that children in disadvantaged communities require a unique approach to ensure they can succeed, and we believe that rather than considering a tangent of the Strategy for vulnerable children, that an Early Years Strategy should consider vulnerable children in every outcome and priority area. If an Early Years Strategy supports the most vulnerable and disadvantaged children, all Australian children will benefit.

We appreciate the underpinning of the Strategy by evidence and hope research surrounding the best practice for children, particularly those from vulnerable communities will be upheld. We also support the strategy considering overarching factors that help children start school well instead of just one department such as early education or health. This recognises the interwoven factors and the need to reduce silos in strategies and policies impacting children.

In viewing the proposed structure of the Strategy, we would like to see where factors such as collaboration, codesign, consultations and evaluation and change would fit in. For any outcome or policy priority, consultation and codesign would be essential to ensure solutions provided are relevant and accessible to families. Any strategy should also have regular monitoring and evaluation of progress and resources attributed to redesigning or adapting policies and programs to be more effective as we know policies don't always get it right for all children the first time.

Our nation should have the highest value for our youngest citizens, knowing they are the future of our society. We would hope a **vision** would include:

- a value for children's voices
- safe environments where children can effectively learn and be healthy
- access to high quality integrated services
- living within empowered families and thriving communities.

The Hive would hope to see a Strategy that is equitable, integrated, holistic, child & family centred, responsive, innovative, and empowered.

Summary of recommendations:

In considering the ecological approach and the values of equity for children often left behind, The Hive have compiled six areas of recommendations for the Early Years Strategy which are supported by case studies, learnings and quotes from our work in the Mt Druitt area. These include:

1. Families have the support and knowledge they need to raise their child.
2. Children have access to high quality early education and care (ECEC).
3. Children start school developmentally on track with necessary supports in place.
4. Children are connected to safe and thriving communities.
5. Children have equitable access to services and resources to help them thrive.
6. Government systems and policies are coordinated, equitable and child-centred.

Our recommendations in this submission have evolved from our learnings from this specific context in Mt Druitt, however we believe that these may be applicable for many other communities of disadvantage, and that if the most vulnerable children are considered at the forefront of strategy design, all children will benefit.



Summary of Recommendations

1. Families have the support and knowledge they need to raise their child.

- a) Ensure promotion of health, education and social services are available to families and children and are accessible to every community.
- b) Provide support to help families navigate the complex and siloed system, such as social workers in government departments to explain processes.
- c) Adequate funding for social services to support families experiencing hardship such as domestic violence, mental health challenges, financial stress, housing instability.

2. Children have access to high quality early education and care (ECEC).

- a) Free universal childcare for children aged 3&4 years. This should include long day care services not only registered community-based preschools as it currently stands.
- b) Abolish childcare bonds for low-income families.
- c) Increased resources for ECEC services to support educators in meeting the needs of children with learning and developmental delays. This includes but not limited to professional development, physical resources for the classroom, additional staff to support students in their learning environments.
- d) Increased funding and resources for ECEC services to enable early childhood educators to effectively deliver high quality education and care for all children. Such as providing additional educators in classrooms to achieve higher standards of practice
- e) Increase investment in wellbeing and support for early childhood educators.
- f) Increase investment in infrastructure to ensure there is enough ECEC services and educators for every community and ensuring these educators have received adequate training to provide a high-quality education and care for children.
- g) Increase investment in First Nation early educators to encourage First Nation families to enrol in care.

3. Children start school developmentally on track with necessary supports in place.

- a) Investment in early identification, diagnostic assessments, and intervention services through place-based and integrated child health.
- b) Increased investment in allied health workers to ensure the demand can be met so all children can access therapy promptly.
- c) Expand eligibility for the NDIS and Medicare rebates to ensure children from low-income families can access diagnostic assessments and therapeutic care in a timely manner.
- d) Increase early intervention supports through Department of Education to assist the smooth transition to school for children with additional needs.

- e) Increase support classes and support teachers for the first year of school to ensure a smooth transition into Primary School learning environment.
- f) Promote a collaborative approach between ECEC educators and Early Stage 1 coordinators and teachers to ensure smoother transition to school for all children with special attention to First Nation's children, children with additional needs, CALD children and children from highly disadvantaged communities.

4. Children are connected to safe and thriving communities.

- a) Invest in place-based community development initiatives in communities of entrenched disadvantage to address social determinants of health and wellbeing.
- b) Attention given to social determinants of health and wellbeing including food security, access to employment, stable housing, transport and education.
- c) Invest resources to physical environments within communities where families gather and the services available within them.
- d) Increase funding for soft entry early childhood activities such as playgroups run by early childhood trained teachers and allied health support workers, clean and safe playgrounds and community family spaces.

5. Children have equitable access to services and resources to help them thrive.

- a) Ensure equitable resource distribution for communities of disadvantage rather than equal distribution.
- b) Specialised program and policies for areas of disadvantage in considering specific needs opposed to universal programs which may be inaccessible.
- c) Increase meaningful consultation with representatives of communities of disadvantage and embed this knowledge in programs and policies.
- d) Consideration of specific approaches for First Nation children.
- e) Place-based approaches prioritised for disadvantaged communities.

6. Government systems and policies are coordinated, equitable and child-centred.

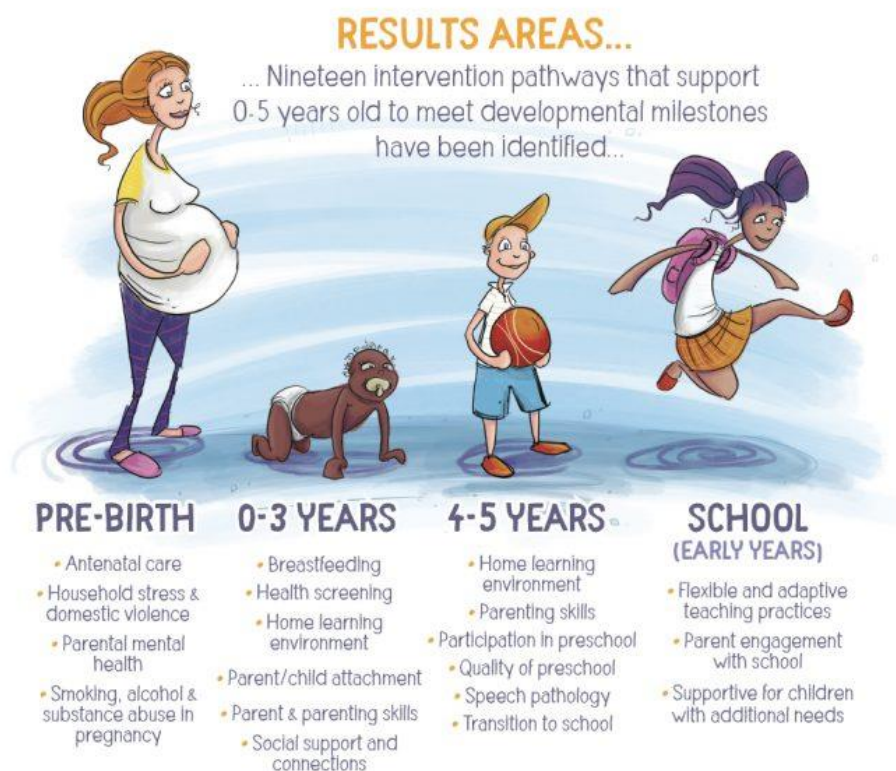
- a) Accessible and cohesive service system such as childcare subsidies, birth certificates, child health assessments and Medicare that are easier to understand for families.
- b) Resources allocated to ensure coordination and collaboration of services for families.
- c) Investment in place-based models of care.
- d) Enforced collaboration between government departments to overcome obstacles for families.

The Hive, Mt DrUITT

The Hive, Mt DrUITT (United Way Australia) is a place-based, Collective Impact initiative operating in the suburbs of the Mount DrUITT postcode in Western Sydney, NSW. The goal of The Hive is for all children in Mt DrUITT to start school well, with equal opportunity to learn, be healthy and participate in quality community life.

We believe that if we bring various parts of the system together, listen deeply to community concerns and work together on community informed solutions we can sustainably improve outcomes for children in this community. The Hive believe that to reach this goal a holistic approach is required to support families through innovative programs and initiatives, but also addressing the social determinants of complex social issues that families experience and advocating for system change. The Hive is guided in our early years work by evidence informed by the Australian Research Alliance for Children and Youth's (ARACY) key intervention pathways for children aged 0-5 years¹, alongside community voice to promote innovative and community focused solutions to break cycles of disadvantage. These are displayed in the image below.

The Hive authentically listen and learn from local families about their experiences and then collaborate with local stakeholders to address these, create innovation solutions, and advocate to relevant systems to create meaningful change.



Mt Druiitt Context

The Mt Druiitt postcode has a long history of entrenched intergenerational poverty and social stigma with some of the postcode's twelve suburbs having exceptionally high rates of unemployment, crime, financial insecurity, and issues of domestic violence and mental health. According to the Australian Early Development Census, in certain Mt Druiitt suburbs, 2 in 3 children start school considered developmentally vulnerable, which is significantly higher than the national rate of 1 in 5 children². The percentage of children classed as developmentally vulnerable is only increasing, and so is the gap between Mt Druiitt children and the rest of NSW. Living in a region of socioeconomic disadvantage, these children are starting school already behind compared to children from other communities, and without significant investment in Mt Druiitt suburbs, these children will struggle to break out of the cycle of poverty.

The 2021 Census³ and crime figures⁴ demonstrate the disadvantage the Mt Druiitt postcode experience.

- The suburb of Bidwill had an employment rate of only 34.4% compared to the NSW state average of 58.7%
- In the suburb of Willmot, the median weekly household income was less than half that of the NSW average.
- The suburb of Willmot had only 3.7% of residents obtain a university qualification compared to 27.8% of NSW residents.
- The suburb of Bidwill consists of nearly 50% single parent families (48.4%)
- Up to 19.1% of households in Mt Druiitt suburbs do not have access to a vehicle which is significantly higher than the NSW rate of 9%
- The 2770 postcode has a higher rate of crime in all categories recorded by the Bureau of Crime Statistics and Research (BOCSAR), including over double the state rates of drug offenses, assault, robbery, and malicious damage to property.

It is also significant to note that some Mt Druiitt suburbs have 15.3% of their population identify as Aboriginal or Torres Strait Islander compared to 3.4% of NSW.



Recommended Outcomes & Priorities

In considering the Hive's learnings and experience working with families experiencing disadvantage, the following outcomes are suggested for consideration.

1. Families have the support and knowledge they need to raise their child.

We believe that all families want the best for their children, however many families are limited in accessing protective factors or positive experiences due to their socioeconomic circumstance. Many families The Hive support face barriers to accessing ECEC services, child health services, and social supports due to a lack of awareness of these services, low literacy levels, lack of access to technology or internet, and a complex system where families facing disadvantage struggle to navigate. Services need to be more accessible for families, as well as proactive in ensuring the messaging of services is being shared in the communities who need it the most, in ways they understand. Social services for families also need to be bolstered, if families are supported through issues such as domestic violence, mental health, financial stress and housing instability, they can escape 'survival mode' and have greater capacity to support their children.

Quotes from Mt Druitt families when consulted for their experience of navigating services and information.

- *"Getting the information and diagnosis from the paediatrician was really hard, I had no transport unless The Hive drove me, not a lot of information available, not knowing what services I can access, the cost of appointments and scripts."*
- *"Sometimes it seems like there's not a lot of help out there but there actually is, its just hidden"*
- *"The services and NDIS exist and I have heard of some of them but no idea how to access them, or if I'm eligible."*
- *"The forms were confusing, I had people to help me prefill paperwork and help with referrals and explain to me what services would do."*
- *"The information from all the orgs I connected with were overwhelming"*

More support is needed "to help understand the help"

Recommendations:

- Ensure promotion of health, education and social services are available to families and children and are accessible to every community.
- Provide support to help families navigate the complex and siloed system, such as social workers in government departments to explain processes.
- Adequate funding for social services to support families experiencing hardship such as domestic violence, mental health challenges, financial stress, housing instability.

2. Children have access to high quality early education and care (ECEC).

Research demonstrates that access to 600 hours of quality preschool before starting school is instrumental in ensuring children are developmentally on track and ready to commence primary school. In disadvantaged communities such as the Mt Druitt area, many families face barriers to accessing early education including the cost of bonds or enrolment fees, financial hardship, a lack of available spaces in services, lack of services who can meet the needs of children with developmental delays or disabilities, transport barriers, access to birth certificates, and other family complexities they may be experiencing. There is also a shortage of educators in the ECEC sector which is impacting the availability of child spaces in the community, with some centres closing their doors on days they do not have enough staff.

Quality of care rather than quantity must also be considered as research demonstrates that the provision of high-quality care in early childhood has positive impacts on children's developmental outcomes and children who have experienced high quality care programs are most likely to exhibit school readiness abilities and become successful adults.^{5 6 7}

Many services in low socioeconomic areas do not meet national quality standards as they are under resourced and lack support. The children in these communities need the highest quality of care due to the adversity they are often facing, and investment must be made to ensure ECEC services in these areas are of high quality. Increased funding for early childhood centres based in vulnerable communities is essential to enable them to provide equitable and high-quality support for all children. Funding for additional early childhood educators and allied health specific programs is needed in early learning classrooms in order to provide inclusive education for all children.

Case Study:

A mother was referred to the Hive Early Learning Linker (ELL) facing barriers of paperwork and a preschool bond, preventing the child from enrolling in the centre. The mother speaks English as a second language and was overwhelmed by the complicated process. She presented other concerns to the ELL about housing, financial stress, lack of transport and unemployment. The mother had ten children living under her care. The ELL had been able to connect this family with local organisations for services to provide support for the broader family complexities.

The ELL provided brokerage to cover the cost of the preschool fees for the family. Support was also needed to find alternate options for another two days of preschool for the child while the mother sought employment, as there were limited days available in the original Centre and limited high-quality childcares in the area. The ELL worked with the mother to know what childcares are available and assisted the family with enrolment paperwork. The mother faced barriers in accessing the child's birth certificate and immunisation documents and the ELL was able to assist the mother to access these through liaising with government services and utilizing online portals.

When all documents were successfully provided the ELL paid for the child's birth certificate to finalise the enrolment process for both Centres. The support of the Early Learning Linker was vital to this enrolment process in overcoming the various obstacles for the child in accessing early education, however speaks to the lack of high-quality centres available and the complexity of the enrolment process for vulnerable families.

Recommendations:

- Free universal childcare for children aged 3&4 years. This should include long day care services not only registered community-based preschools as it currently stands.
- Abolish childcare bonds for low-income families.
- Increased resources for ECEC services to support educators in meeting the needs of children with learning and developmental delays. This includes but not limited to professional development, physical resources for the classroom, additional staff to support students in their learning environments.
- Increased funding and resources for ECEC services to enable early childhood educators to effectively deliver high quality education and care for all children. Such as providing additional educators in classrooms to achieve higher standards of practice
- Increase investment in wellbeing and support for early childhood educators.
- Increase investment in infrastructure to ensure there is enough ECEC services and educators for every community and ensuring these educators have received adequate training to provide a high-quality education and care for children.
- Increase investment in First Nation early educators to encourage First Nation families to enrol in care.



3. Children start school developmentally on track with necessary supports in place

Many children start school with developmental delays, vulnerabilities, or disabilities. While the Early Childhood Early Intervention (ECEI) portion of the National Disability Insurance Scheme (NDIS) and community health services are designed to support these children, many children are ineligible, some cannot access services due to extreme waiting periods, or families have limited understanding of child development and what services are available to help them.

- *“I don’t fit in the eligibility for the free services, but can’t afford the private ones. We’re not poor but we’re not rich.”*
- *“I’m not a citizen so I can’t access the NDIS for my son with Autism but I can’t afford to pay for therapy. Am I just meant to do nothing while he gets further behind?”*

Children should not be waiting until entering primary school for delays or disabilities to be identified. Greater focus should be placed on ensuring there is enough resource for therapists once children have NDIS funding. All children who have allied health recommendations should be able to access therapy. Moreover, schools and ECEC services should have resources to support children who are experiencing developmental challenges to thrive in their learning environments. Children should be intentionally placed in an environment where they will thrive because they are valued, accepted and supported regardless of diversity in abilities and backgrounds.

Case Study

A preschool reached out to the Hive’s Health Linker to support a family who had just started their son at their service after identifying some developmental needs.

The family were not Australian citizens and the preschool was unsure how they could receive help. The Health Linker met with the family and preschool over zoom (during COVID lockdown) and learnt their citizen status and concerns for their child. The family had not been aware of any developmental concerns until the preschool raised them. The Health Linker was able to arrange a Paediatric assessment and a speech assessment for the child and conducted research on their visa type which resulted in their being ineligible for the NDIS ECEI.

The Health Linker supported the family to the paediatrician and speech therapy appointments and helped the mother ask questions and better understand their advice. The Paediatric assessment indicated the child had Autism Level 3 and needed significant support. The Health Linker liaised with the preschool and school to apply for early intervention and receive approval to hold the child back from kindergarten another year. The child was not eligible for NDIS, so the Health Linker provided brokerage for 10 speech therapy sessions to occur in the preschool setting and connected the mother to a parent coach who could help her understand Autism and helpful strategies for home. The Health Linker also liaised with the Early Learning Linker to enrol the child in another local preschool which has therapy supports on site, on the days he is not at the original preschool.

Recommendations:

- Investment in early identification, diagnostic assessments, and intervention services through place-based and integrated child health.
- Increased investment in allied health workers to ensure the demand can be met so all children can access therapy promptly.
- Expand eligibility for the NDIS and Medicare rebates to ensure children from low-income families can access diagnostic assessments and therapeutic care in a timely manner.
- Increase early intervention supports through Department of Education to assist the smooth transition to school for children with additional needs.
- Increase support classes and support teachers for the first year of school to ensure a smooth transition into Primary School learning environment.
- Promote a collaborative approach between ECEC educators and Early Stage 1 coordinators and teachers to ensure smoother transition to school for all children with special attention to First Nation's children, children with additional needs, CALD children and children from highly disadvantaged communities.



4. Children are connected to safe and thriving communities.

The ecological model clearly demonstrates that children do not grow or develop in isolation. Children belong within families, who live in communities. It is therefore not enough for the Strategy to just focus on the child, but the family and community need to be positive environments where children can grow. There is an increasing wealth of research that has determined the correlation between childhood social deprivation and poor health outcomes and ongoing experiences of poverty into adulthood⁸. Poor outcomes in AEDC data and developmental vulnerabilities often continue year after year in communities of entrenched disadvantage. Investment in the social determinants of health and wellbeing through community development and social services should therefore be considered to break cycles of disadvantage and enable communities to support their children.

Funding placed-based community development initiatives will acknowledge the importance of communities for children and give attention to the social determinants that impact outcomes for children and contribute to the design of place specific programs that overcome barriers specific to place.

Case Study:

Drug use is a recognised problem in the suburb of Lethbridge Park which is of concern to many Lethbridge Park families. There are alley ways and an under-road tunnel which children use to get to the local primary school everyday. These are common areas for drug use and children have often witnessed adults injecting drugs and have to navigate disposed needles which are left on the ground.

Community have shared stories of toddlers who have picked up needles off the ground as they are walking past. The local pharmacy which sits next door to the primary school, hosts a methadone program to support individuals who are dependant on heroin. Individuals in the program wait outside the shops each morning to collect their dose, often displaying some effects of their last dose wearing off and at times verbal or physical alterations have occurred. The time that these individuals are waiting is right before school starts, and families are also stopping at the shops on their way to school or preschool with their young children. This is not a safe or positive environment for young children to be navigating each morning. For children to be safe, physical environments must be considered along with other infrastructure and services that are offered in the vicinity of child spaces such as schools, preschools and playgrounds.

Recommendations:

- Invest in place-based community development initiatives in communities of entrenched disadvantage to address social determinants of health and wellbeing.
- Attention given to social determinants of health and wellbeing including food security, access to employment, stable housing, transport and education.
- Invest resources to physical environments within communities where families gather and the services available within them.
- Increase funding for soft entry early childhood activities such as playgroups run by early childhood trained teachers and allied health support workers, clean and safe playgrounds and community family spaces.

5. Children have equitable access to services and resources to help them thrive.

Whether children start school developmentally on track, have accessed the evidence-based protective factors, or have access to the services they require is often dependant on their geographical location, their cultural background or their income level. Not all children in Australia have the equal opportunity to thrive. A Federal Early Years Strategy must consider as a key priority the children who are in marginalised communities or people groups. Programs and policies devised from the Strategy should be equitable and involve deep consultation with communities and local stakeholders. These programs and policies should be equitable in their distribution and consider unique needs of groups such as First Nation children, children from culturally and linguistically diverse backgrounds, children from rural areas and children from low socioeconomic communities. Too often programs are created with these groups not consulted or considered, and these universal programs are inaccessible for many children.

The Hive designed and piloted the **Check Ups Before School (CUBS) Program**, an innovative solution to increase the early identification of developmental delays in Mt Druitt's children who were facing barriers to accessing mainstream services and commencing school with significant developmental delays. A child & family health nurse and speech pathologist was embedded into ECEC centres and community hubs to leverage the trust that families had with these local spaces and staff. The program increased uptake of the developmental checks and allowed for the early identification of delays and provide quick referral to allied health and specialist services that would have otherwise left unidentified until commencing school.

These quotes were captured in the programs formal evaluation⁹ from two service providers regarding how the CUBS Program demonstrated how it overcame barriers families faced and offered an innovative, responsive solution to ensure equitable access for Mt Druitt's children.

"Because you can talk about going to Community Health all you want, but there's so many but there's so many barriers that families have to go through in terms of transport, cost, multiple children to take along. So these things really get missed"

"We're not targeting the families for whom they get an appointment and they go. We're actually trying to get families where children are being missed. Those who have got a real difficulty with the service system. Very traumatised lives, so getting those things done is really difficult. Interacting with the system is retraumatising them because they're having to tell their story. We've changed the way we do things, to make things friendlier. The way we interact with the people we work with. We've culturally changed what we do. "

Recommendations:

- Ensure equitable resource distribution for communities of disadvantage rather than equal distribution.
- Specialised program and policies for areas of disadvantage in considering specific needs opposed to universal programs which may be inaccessible.
- Increase meaningful consultation with representatives of communities of disadvantage and embed this knowledge in programs and policies.
- Consideration of specific approaches for First Nation children.
- Place-based approaches prioritised for disadvantaged communities.

6. Government systems and policies are coordinated, equitable and child-centred.

The Hive are pleased to see the Commonwealth acknowledge the dysfunction of a fragmented system that families are struggling to navigate through. We support the Strategy to increase coordination of service delivery between government departments and would be interested to see how the Commonwealth could foster collaboration between state departments such as Education and Health to work together to reduce frustration and confusion for families. Increasing funding and attention on place-based models of care can ensure that programs and services are accessible to families and allow for equitable and tailored approaches to communities who have experienced entrenched disadvantage.

The reality of the complex system for families & The Hive's 'Linker Program' as a solution:

Jenny is an Aboriginal mother to three children under the age of five. Jenny has expressed that she wants her children to have the support they need and is eager to find employment to support her family. Jenny has no car, no family support, no internet, no computer, low literacy and cannot afford regular credit on her phone to be able to make calls. Jenny has also previously experienced domestic violence and has poor physical and mental health. Jenny wants to find employment but first needs to find childcare for her children. Due to Jenny's low literacy and family stressors, she did not register the children at birth and they are without birth certificates which is required for enrolling. The process for a late birth registration is overwhelming, as is applying for Child Care Subsidies. Jenny's low literacy also presents a barrier to understand the information given to her by preschools and services. The lack of reliable public transport in the Mt Druitt area limits the services that she can access. There is no service who can provide tailored trauma-informed support to Jenny to overcome barriers she is facing and access the services she requires.

In responding to challenges families face in accessing support, The Hive have developed their ***Linker program***, with social workers who work relationally in a place-based way as 'Linkers' to support families experiencing barriers and challenges accessing early education and developmental services for their children. The Early Learning Linker supports Jenny to apply and pay for birth certificates for the children, find a childcare in her area with vacancies, complete enrolment paperwork, and apply for the childcare subsidies. This childcare soon identifies two of the children have undiagnosed developmental disabilities, and Jenny accesses the Hive's Child Health Linker to access paediatricians to receive diagnosis' for the children, apply for and access the NDIS and local allied health services.

Despite the work of The Hive Linkers and Jenny to achieve these outcomes, the support is still confusing and fragmented. Before long Jenny is working with 15 different services to help herself and her children, none can support with multiple needs, few are available in the local area and none are communicating with each other. The service system is fragmented and overwhelming, and Jenny has had to repeat her story multiple times to access services which is exhausting and retraumatising. Without a change in government and social systems, Jenny's situation will not improve and her children will be unable to start school well and may struggle to break the cycle of poverty in the future

Recommendations:

- Accessible and cohesive service system such as childcare subsidies, birth certificates, child health assessments and Medicare that are easier to understand for families.
- Resources allocated to ensure coordination and collaboration of services for families.
- Investment in place-based models of care.
- Enforced collaboration between government departments to overcome obstacles for families.



Considerations to improve outcomes for children in disadvantaged circumstances.

- Create specific strategies for communities to be responsive to specific needs rather than universal programs. Children from disadvantaged communities often face barriers in accessing universal programs such as child wellbeing checks, birth certificates, childcare or NDIS. These programs do not account for specific needs of communities and thus place-based programs and consultation are required to find appropriate solutions.
- Abolish childcare bonds for children experiencing financial stress or vulnerabilities to ensure access to early education where children are prepared socially, emotionally, and developmentally for school.
- Increase access to NDIS or Medicare rebates for families experiencing financial stress. Currently the NDIS excludes funding for direct therapies for children who have no formal diagnosis, and those who aren't Australian citizens. Medicare only provides five sessions a year under the Chronic Health Management Plan which is hardly enough to make any meaningful progress in a child's development. When these children are also from a low socio-economic area, they cannot afford private therapies, so they remain behind in their development.
- Increase early intervention measures offered by Department of Education for children in areas of disadvantage or high developmental vulnerability such as the early intervention classes. In the Mt Druitt area, which has extremely high levels of delay and disability, there are only two schools that operate these classes in the postcode, Whalan and Mt Druitt Primary Schools. They each run 2 classes and each class has about 8 children. This is disproportionate in the demand in the area and greater investment is required for these communities to ensure the needs of children are met.
- Seamless collaboration between departments and community organisations to ensure integrated approaches to respond to multiple areas of need. It is often repeated that departments need to collaborate for children however, this seldom occurs. The Commonwealth should incorporate into the Strategy target areas or compulsory actions to hold departments accountable to work differently.
- Ensure there are systems in place to support children and families after a diagnostic assessment to access a federal scheme and ongoing allied health therapies. Families are often left confused after a diagnosis or accessing the NDIS, facing barriers in accessing therapies and there is no current service that provides thorough support with this. Investing in 'linker' type roles could ensure families from vulnerable groups can overcome barriers and access services.
- Roll out various early years programs as a soft introduction to education for families who may face barriers to formal models of education and care. This is of particular importance for families are on waitlists for services, navigating paperwork and learning to trust educators. These could include playgroups or community-based family activities.

Considerations to improve coordination and collaboration in developing policies for children and families.

- Equitable funding and approaches for areas of disadvantage rather than universal solutions. Collaborate with local areas that have entrenched disadvantage to develop unique strategies and programs for these areas instead of universal programs.
- Embed requirements for government departments to collaborate for communities of disadvantage to reduce silos and hold departments accountable.
- Increase consultation with place-based community organisations and residents to understand the practicalities of how systems and policies are impacting the ground. Steering committees with a range of stakeholders from various areas and disciplines could assist in advising the Commonwealth on how policies impact children on the ground.
- Seek feedback from community members/community organisations/local departments and children where there is entrenched disadvantage or where outcomes aren't changing, to learn more about what can be done for that community.
- Higher level of collaboration with early years professionals across the sector, ensuring all services can contribute their perspective, including smaller community or private centres who may not have the loudest voice but represent children and communities.

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